

Application Data Sheet

Application Information

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|-------------------------------------|---------------------------------------|
| Application Type:: | National Stage |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | MEASUREMENT METHOD AND ARRANGEMENT |
| Attorney Docket Number:: | 3502-1108 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 4 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: SRIKANTH
Middle Name::
Family Name:: VENKATACHARI
Name Suffix::
City of Residence:: BANGALORE
State or Province of
Residence::
Country of Residence:: INDIA
Street of Mailing 001, SOWGANDHIKA APARTMENT, 164
Address:: 1ST MAIN ROAD, SHESHADRIPURAM
City of Mailing Address:: BANGALORE
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address:: 560 020

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: MIKAEL
Middle Name::
Family Name:: HOLMBERG
Name Suffix::
City of Residence:: PORVOO
State or Province of
Residence::
Country of Residence:: FINLAND
Street of Mailing KAIVURINKUJA 8
Address::
City of Mailing Address:: PORVOO

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: FI-06450

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: ASKO

Middle Name::

Family Name:: SALMINEN

Name Suffix::

City of Residence:: ESPOO

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing HUHTAKOUKKU 16 J 18

Address::

City of Mailing Address:: ESPOO

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: FI-02340

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| | |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/FI2005/000134 | 3/4/05 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FINLAND | 20040351 | 3/4/04 | Yes |
| | | | |

Assignment Information

Assignee Name:: ABB OY
Street of Mailing STROMBERGINTIE 1
Address::
City of Mailing Address:: HELSINKI
State or Province of Mailing Address::
Country of Mailing Address:: FINLAND
Postal or Zip Code of Mailing Address:: FI-00380